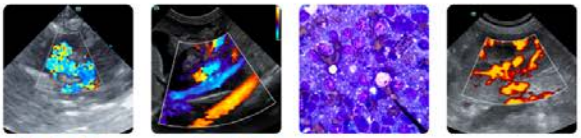

PATIENT

Darby Hockley

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

9 Years

WEIGHT

22.9 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Veterinary Wellness Center of Glen Rock

REFERRING VET

Dr. Sepulveda

INVOICE

74619

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Possible abdominal mass. Meds: Pred 5mg
Abnormal PE/Chem/CBC/UA Results: Low albumin 2.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was mildly prominent in size with symmetrical contour and mild non-homogeneous, focally mineralized parenchyma. Mildly dilated prostatic urethra without evidence of post-prostatic urethral dilation. The prostate measured 2.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Left kidney measured 4.8 cm. Right kidney measured 4.8 cm.

Adrenal Glands

The adrenal glands were borderline enlarged with symmetrical contour and mild non-homogeneous, non-mineralized parenchyma. Right measured 0.67 cm at the caudal pole. Left measured 0.55 cm at the caudal pole.

Spleen

The spleen presented a solid, non-homogeneous mass with associated symmetrical capsule distortion. The mass measured approximately 7.0 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate primarily non-shadowing to focally shadowing ingesta.

The small intestine presented thickened wall with mild altered wall layer ratio. Propensity for mildly thickened mucosal and muscularis layers. Segmental loss of jejunal wall layer detail noted and segmental gas to possible non-shadowing jejunal ingesta without obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with semi-formed feces in lumen.

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Generalized primarily peri intestinal to perisplenic hyperechoic omentum noted. Minor peritoneal effusion present.

Asymmetrically swollen to hypoechoic perisplenic to mid abdominal mesenteric lymph node(s) noted. An example measured 3.8 cm x 1.8 cm.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

PRIMARY FINDINGS

- Splenic mass.
- Primarily non-shadowing to focally shadowing gastric ingesta.
- Enteropathy exhibiting altered wall layering and segmental loss of jejunal wall layer detail.
- Sonographically normal liver.
- Mild gallbladder debris.
- Variably hypoechoic swollen mesenteric lymphadenopathy.
- Omental hyperechogenicity and minor peritoneal effusion.

SECONDARY FINDINGS

- Borderline bilateral adrenomegaly, non-specific.
- Mildly prominent residual prostate with focal parenchymal mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic neoplastic mass and regional lymphatic metastatic criteria is met with considerations include carcinoma, round cell neoplasia, or other. In addition, there is high suspicion for intestinal neoplastic criteria, given altered intestinal wall layering and segmental loss of jejunal wall layering. Associated metabolic gastric and mild segmental intestinal ileus possible, with potential non-obstructive gastric and segmental intestinal foreign material not excluded.

Assuming normal clotting status and using 25-gauge needle, splenic mass and (if accessible) lymph node cytology and effusion analysis warranted. Potential suppression of abdominal pathology given Prednisone therapy. Assuming no pathology on 3-view chest radiographs, splenectomy with intestinal and lymphatic biopsies could be considered, with extremely guarded prognosis.

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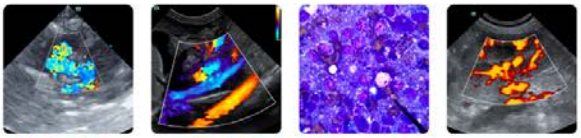

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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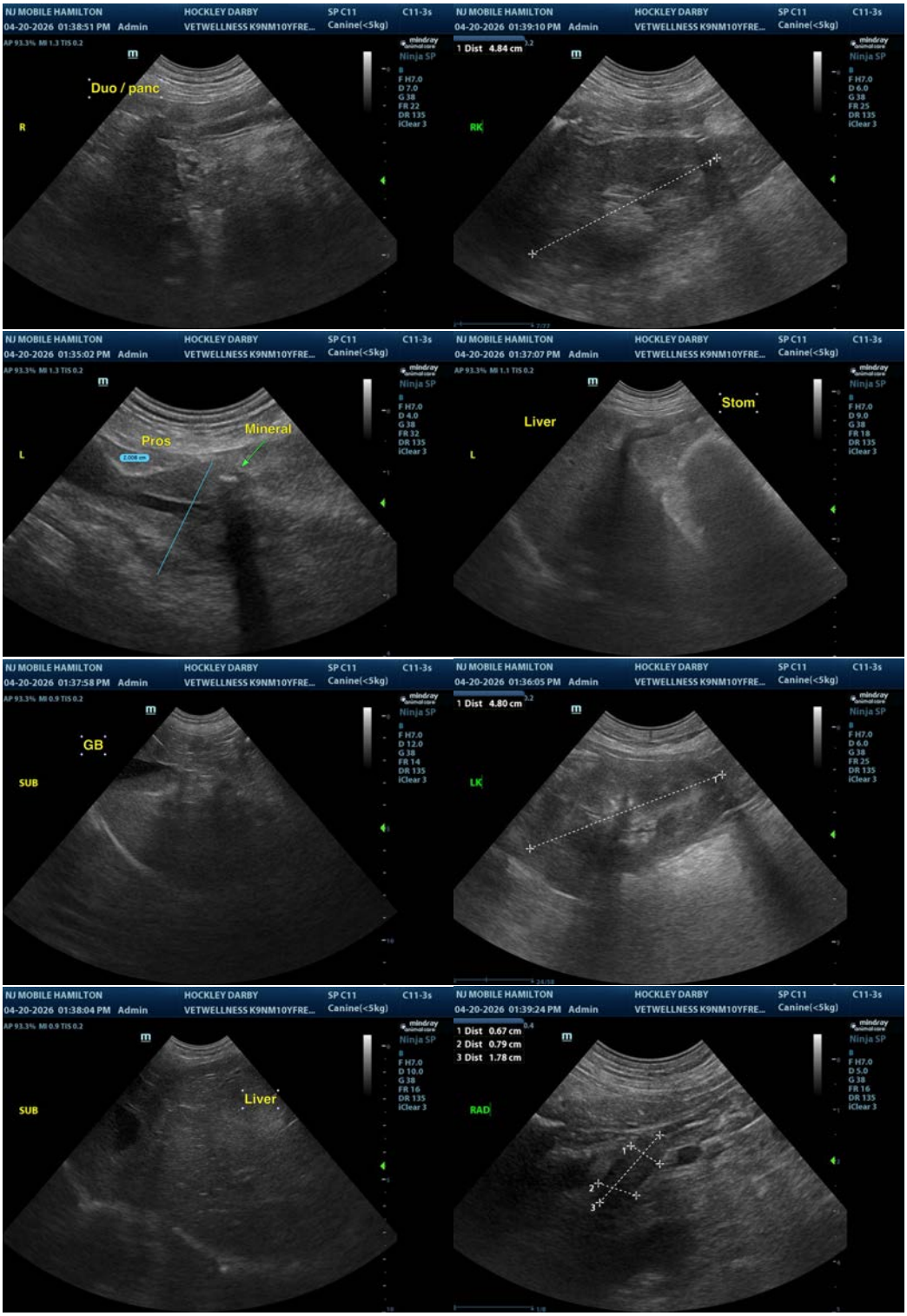

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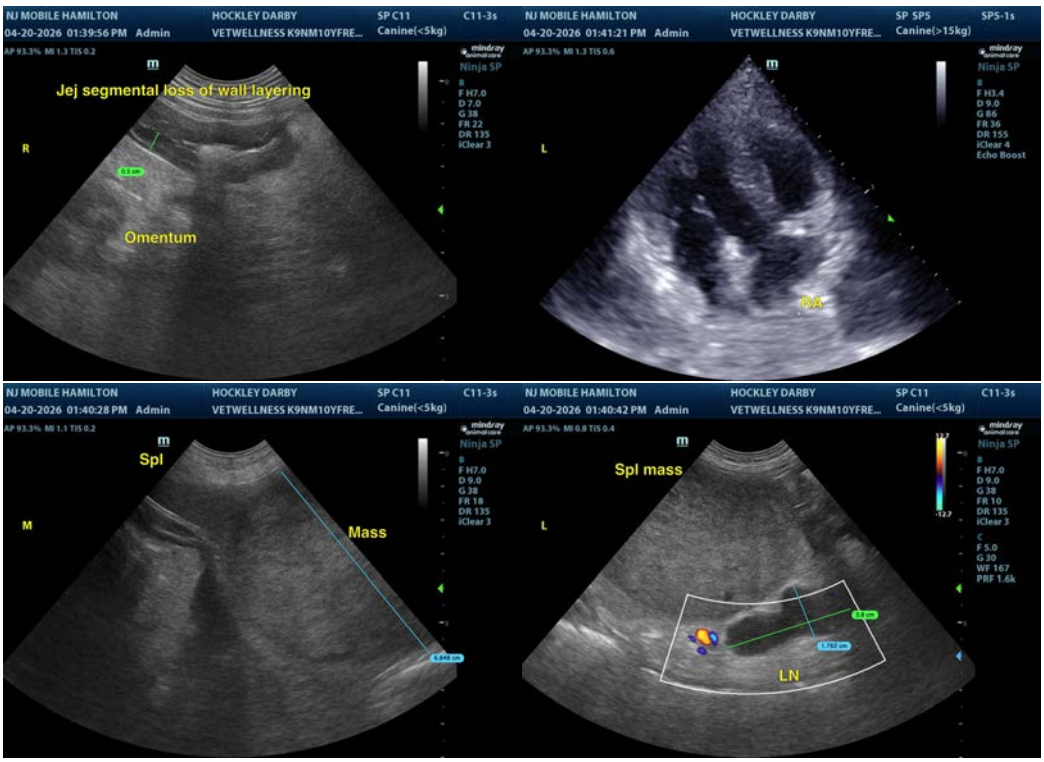

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com